


United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-19839 United States Bankruptcy Court Southern District of Texas FILED JUL 06 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Emily A Podell	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**ALL FOR AADC 460 Emily A Podell 421 S Monticello St Winamac IN 46996-1538 	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case		
	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: 315 - 02 - 4047 Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: November 30, 1999		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 59.77 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 59.77 Specify the priority of the claim: <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		842	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 7/3/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Emily A. Podell Emily Ann. Podell		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



KeyBank

Mailcode: IN-09-99-2551

Post Office Box 10

110 North Market Street

Winamac, IN 46996

Tel: 219 946-3113

Fax: 219 946-6818

June 28, 2000

Emily Podell
1727 W West Win Rd S
Winamac, IN 46996

RE: 2nd request for reissue of lost check
Payroll check from Stage

To Whom It May Concern,

On November 30, 1999, Emily Podell made a deposit in our ATM machine for \$59.77. The deposit was verified as being made on December 1, 1999.

Our proof/encoding department did not process the deposit because the deposit was lost in transit. Our records show Emily did not receive credit for this deposit.

When speaking with Emily she stated the deposit was a payroll check from Stage. A letter was given to her as proof of the missing check to ask for a replacement check. The stop payment fees for the original check would be paid by Keybank for this inconvenience.

This is the second request for reissue of this lost check. Please reissue Emily Podell a new check and forward any reissue fees to KeyBank, P O Box 10, Winamac, IN 46996 attention Patty.

If you have any questions, please feel free to contact me.

Sincerely,

KEYBANK

Patricia A. Zehner
KeyClient Relations Leader



Key Services Corporation
A KeyCorp Company

MailCode: OH-18-00-0519
34 N. Main St.
P.O. Box 1803
Dayton, Ohio 45402-1803

December 10, 1999

Emily A Podell
Betty M Podell
1727 W West Win Rd S
Winamac, IN 46996-7842

Dear Customer:

Thank you for using your Automated Teller Machine Card/Debit Card.

Recently we have discovered an error in your account as a result of a transaction made through an ATM. As a result, we charged your account number 145512004741 in the amount of \$59.77 on December 10, 1999.

The reason for the adjustment was that no deposit envelope was received.

If you have any questions regarding the adjustment, please contact our twenty-four (24) hour Customer Service Call Center at 1-800-KEY2YOU (1-800-539-2968).

Thank you for banking with KeyBank National Association, a KeyCorp Bank.

Sincerely,
ATM Accounting

KAPS/6000
99028754246

1-800-KEY2YOU®

113099 0514PM KB5400
XXXXXXXXXXXX3715

110 NORTH MARKET
WINAMAC IN

DEPOSIT \$59.77
TO CHECKING 101